POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			1 F 1901
FORMALITY REVIEW	TH	953	05-29-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
—	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim		Date							
Final	Original								
	1								
	2								
	3								
	4								
	5								
	6								
	7								
	8								
	9								
	10								
	11								
	12								
	13								
	14								
	15								
	16								
	17								
	18								
	19								
	20								
	21								
	22								
	23								
	24								
	25								
	26								
	27								
	28								
	29								
	30								
	31								
	32								
	33								
	34								
	35								
	36								
	37								
	38								
	39								
	40								
	41								
	42								
	43								
	44								
	45								
	46								
	47								
	48								
	49								
	50								

Claim		Date							
Final	Original								
	51								
	52								
	53								
	54								
	55								
	56								
	57								
	58								
	59								
	60								
	61								
	62								
	63								
	64								
	65								
	66								
	67								
	68								
	69								
	70								
	71								
	72								
	73								
	74								
	75								
	76								
	77								
	78								
	79								
	80								
	81								
	82								
	83								
	84								
	85								
	86								
	87								
	88								
	89								
	90								
	91								
	92								
	93								
	94								
	95								
	96								
	97								
	98								
	99								
	100								

Claim		Date							
Final	Original								
	101								
	102								
	103								
	104								
	105								
	106								
	107								
	108								
	109								
	110								
	111								
	112								
	113								
	114								
	115								
	116								
	117								
	118								
	119								
	120								
	121								
	122								
	123								
	124								
	125								
	126								
	127								
	128								
	129								
	130								
	131								
	132								
	133								
	134								
	135								
	136								
	137								
	138								
	139								
	140								
	141								
	142								
	143								
	144								
	145								
	146								
	147								
	148								
	149								
	150								

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)